



HOME BUYER SERVICES

(585) 428-6888 Fax (585) 428-6229

Attached are your:

Application and Home Buyer's Document Checklist for City housing program eligibility. The Checklist will instruct you about application attachments.

The City's Home Buyer Services staff is committed to working with you to determine your eligibility for a City housing program and an affordable mortgage.

With this application and attachments you are applying for assistance to purchase your first home in Rochester. The three assistance programs available:

Home Rochester- Subsidy of reconstruction and up to \$6,000 in closing costs for purchase of rehabilitated homes. Income limits in effect.

Employer Assisted Housing Initiative (EAHI) - Funds of designated employers are matched with City funds for closing costs for homes offered on the private market. **No** income limits in effect.

Home Purchase Assistance Program (HPAP) - Up to \$3,000 in closing costs for homes offered on the private market through **CITY LIVING SUNDAYS**. Income limits in effect.

Please complete the application and attach all requested documents. Unfortunately, you may NOT ask the City to make the required documents which must be attached to your application.

Call 428-6888 if you have questions about the application as well as qualifications for City of housing programs.

RETURN THE APPLICATION AND DOCUMENTS TO HOME BUYER SERVICES

CITY HALL ROOM 005 A 30 CHURCH STREET ROCHESTER, NY 14614



Home Buyer Services Application

____Home Rochester

____EAHI

____HPAP

Purchase of a newly fixed house

Employer Assisted Housing Initiative (closing costs)

Closing cost assistance

1) (a) Applicant

First Name

Middle Initial

Last Name

Home Address: Street

City

Zip

Home Phone

Cell Phone

Other

Social Security Number

Date of Birth

Age

Employer

Number of years employed there

Employer Address

Telephone Number

I live in public housing Yes____ No____. I receive Sec. 8 Housing Support Yes____ No____.

I will receive housing support after I close on my new home, Yes____ No____, Type_____

2) (b) Co- Applicant

First Name

Middle Initial

Last Name

Home Address if different: Street

City

Zip

Home Phone

Cell Phone

Other

Social Security Number

Date of Birth

Age

Employer

Number of years employed there

Employer Address

Telephone Number

If you, or the co-applicant, expect a raise, promotion or any change in your employment or income status, please describe, or comment in space provided below.

(c) Names and ages of all dependent children who will live in the household

Name Age Soc. Sec. #

•
•
•
•
•

(d) Names, ages and relationship of all others who will live in the household

Name Age Relationship Amount per month contributed

•
•
•
•

Income

List all sources of income for you and your household during the past 12 months. For "Type of Income," include full time employment, part-time employment, unemployment benefits, pensions, Social Security benefits, disability, child support, worker's compensation, welfare assistance, alimony, interest and/or dividends, etc.

Recipient	Type of Income	Income is received from	Gross Monthly Income (Estimated)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you now or will you be receiving income from rent?

___NO, ___YES Now, ___YES Now and after I move If YES: \$_____ total per month

Long Term Debts

List all debts (car loans, student loans, credit accounts, furniture and appliance payments, etc)

WHO PAYS	TYPE OF DEBT	CREDITOR	PAYMENT \$/MONTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cash Assets

Current checking, savings credit union accounts - circle whether checking or savings

INSTITUTION	Checking or Saving	ACCOUNT NUMBER	CURRENT BALANCE
_____	_____	_____	_____
_____	_____	_____	_____

How much is or will be available for a down payment? _____

When will it be available? _____

Credit History

Check (✓) all that apply to your current situation. Please answer as truthfully as possible. Do not be discouraged because many credit problems can be explained with a letter.

____ Monthly bill payments are current and made in a timely manner.

____ Some monthly bill payments have been late.

____ Bankruptcy has been filed. If yes

Chapter 7 _____ Chapter 13 _____
Date Date

____ There are outstanding Judgment Liens.

Against	Date(s) of Liens
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____ Wages are garnished

Against	Date
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*** Applicant must attach to this application, copies of documents which become part of this application.

I (we), _____,

as Applicant (s) acknowledge that the information provided accurately describes my (our) household and identifies all of my (our) household income during the past 12 months. I (we) understand that this information I (we) provided will be used to determine program(s) and/or subsidy (ies) for which I (we) may be eligible. And the information and attached documentation may also be used to estimate mortgage lending eligibility. I (we) authorize The City of Rochester Home Buyer Services to check my(our) credit history(ies) by requesting a credit report(s) which will be used in determining eligibility for the grant assistance. I (we) understand that this information will not be shared with other organizations beyond those involved with the program(s) without my(our) prior approval. Additional information and/or documentation may be requested from me(us) to determine eligibility. If verification forms are needed to determine information, I(we) will sign the necessary forms authorizing release of the information. The information I we) have provided is complete, accurate and true. It will be grounds for denial of my (our) application if it is found that I(we) falsified information or provided misleading information.

Signature

Print Name

Date

Signature

Print Name

Date

IF I FAIL TO ATTACH ALL INFORMATION, HOMEBUYER SERVICES WILL NOT START REVIEW. HOMEBUYER SERVICES HAS THE RIGHT TO RETURN THE INCOMPLETE APPLICATION TO ME.

INFORMATION FOR FEDERAL REPORTING

The information requested below is for HUD reporting. The information is requested in order to monitor compliance with equal opportunity credit and fair housing practices.

App't	Co-App't	Race	Hispanic origin Yes/No
_____	_____	White	_____
_____	_____	Black or African American	_____
_____	_____	American Indian or Alaska Native	_____
_____	_____	Native Hawaiian or Other Pacific Islander	_____
_____	_____	American Indian or Alaska Native and White	_____
_____	_____	Black or African American and White	_____
_____	_____	American Indian or Alaska Native and Black or African American	_____
_____	_____	Other, Multi racial	_____

Household type

___ Single - non-elderly
___ Elderly
___ Single Parent
___ Two parents
___ Other

CITY OF ROCHESTER HOME BUYER SERVICES
428-6888

HOME BUYER'S DOCUMENT CHECKLIST

Please provide photocopies of the documents listed in 1. Through 7. Below:

1. 4 current consecutive pay stubs for all persons in the household over the age of 18. Provide full time and part time pay stubs;
2. Copies showing other forms of income (pension, child support, SSI, disability) etc.
3. 2008 and 2009 full tax returns including W-2 statements for all persons in the household over the age of 18; (If you cannot locate your tax returns or if you did not file a return, contact the IRS Office at 1-800-829-1040 to obtain a TAX RETURN TRANSCRIPT
4. Bank Statements-checking and savings; 3 most current consecutive months for all persons in the household ;
5. Copies of documents for any other grants or programs you applied to purchase a house;
6. Photo ID and social security card for household members OVER the age of 18;
7. Birth certificate and social security card for household members UNDER the age of 18.

Sign and date the application. Incomplete applications cannot be processed.
The application and documents **WILL NOT** be returned.

2010 Income Limits

Maximum household gross annual income must be at or below 80% of area median

HOUSEHOLD INCOME	HOUSEHOLD SIZE
\$37,350	1
\$42,650	2
\$48,800	3
\$53,300	4
\$57,600	5
\$61,850	6
\$66,100	7
\$70,400	8

NO INCOME LIMITS FOR EAHF PROGRAM